

# b e n e f i t s u m m a r y

## Athens Area Health Plan Select, Inc.

### H-353

COINSURANCE: Plan pays 100%; Special Diagnostic Procedures (MRI, MRA, CT, PET, Sleep Studies and Specific Cardiology Studies)

- Plan Pays 80%

Lifetime Maximum Benefit \$5,000,000

<b>ILLNESS OR INJURY</b>	
Primary Care Physician office visit	\$15 copay
Specialty Care Physician office visit	\$30 copay
Maternity Physician services (prenatal, delivery, postpartum)	\$15 copay per visit with 10 copay maximum
In-Office Surgery	\$50 copay - plan pays 100% after copay
Allergy Care (office visit, testing, serum, and allergy shots)	\$15 PCP copay or \$30 specialty copay
Dermatologist services	\$30 copay
Diagnostic/X-Ray/Lab – Specialty Care Physician	\$30 copay
Urgent Care	\$25 copay
<b>OFFICE VISITS: (Preventive care)</b>	
Well Child Care Including Immunizations	\$15 copay
Periodic Health Exams	\$15 copay
Annual Gynecology Exams	\$15 PCP copay
Prostate Screening	\$15 PCP copay or \$30 specialty copay
<b>EMERGENCY ROOM SERVICES</b>	
Emergency Care (copay and coinsurance waived if admitted to hospital)	\$100 copay; waived if admitted
Non-emergency use of Emergency Room	Not covered
<b>INPATIENT SERVICES</b>	
Semi-private room rate; ICU/CCU charges, other medically necessary charges such as diagnostic X-ray, lab services, newborn nursery charges, and other hospital charges	\$300 copayment per admission
Physician Services (surgeon, anesthesiologist, radiologist, pathologist, etc)	Plan pays 100%
<b>OUTPATIENT SERVICES</b>	
Surgery facility/hospital charges	\$250 copay - plan pays 100% after copay
Diagnostic X-Ray and Lab Services	Plan pays 100%
Special Diagnostic procedures (MRA, MRI, CT, PET Sleep Studies and specific cardiology studies)	Plan pays 80%
Physician services (surgeon, anesthesiologist, radiologist, pathologist, etc.)	Plan pays 100%

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<b>THERAPY SERVICES</b>	
Speech Therapy	\$30 copay; 20 visit calendar year maximum
Physical, Occupational Therapy	\$30 copay; 20 visit calendar year maximum
Respiratory therapy	Plan pays 100%; 30 visit calendar year maximum
Radiation therapy, Chemotherapy	Plan pays 100%
<b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b>	
Inpatient including Substance abuse (facility and physician fee)	\$300 copayment per admission; plan pays 100% after copayment - 10 day calendar year maximum
Outpatient	\$30 copay; 20 visit calendar year maximum
<b>OTHER SERVICES</b>	
Skilled Nursing Facility	Plan pays 100%; 30 day calendar year maximum
Home Health Care	Plan pays 100%; 60 visit calendar year maximum
Pain Management	\$30 copay; \$5,000 calendar year maximum
Hospice Care	Plan pays 100%; not subject to deductible
Ambulance (when Medically Necessary)	Plan pays 100%
Air ambulance	Plan pays 100%. Maximum of \$10,000
Organ Transplant	\$300 hospital copay per admission, plan pays 100% after copay
Durable Medical Equipment	Plan pays 80%; \$2,000 calendar year maximum
Family Planning	\$15 copay
Infertility Diagnosis and Treatment (medications not covered)	\$30 copay; \$2,000 annual maximum/\$5,000 lifetime
Cardiac Rehabilitation	\$30 copay; Plan pays 100%; 36 visits per episode
Vision Screening for Children	\$30 copay; one per year through age 17
Hearing Screening for Children	\$30 copay; one per year through age 17
Removal of impacted third molars (wisdom teeth)	\$200 per tooth benefit paid by plan
Non-surgical treatment of Temporomandibular Joint Dysfunction (TMJ) including splint therapy	\$1,000 calendar year maximum and \$2,500 lifetime maximum. Splints are considered Durable Medical Equipment (DME) - see DME benefit for benefit information.
Oral Appliance for Sleep Apnea	Oral appliances are considered Durable Medical Equipment (DME) - see DME benefit for benefit information. \$2,500 lifetime maximum.

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DEDUCTIBLES & MAXIMUMS	
Calendar Year Deductible	\$0 Individual / \$0 Family
Annual Out-of-Pocket (Member)	\$2,000 Individual / \$6,000 Family
Calendar Year Maximum (Plan)	\$2,000,000
Coinsurance	Plan pays 100%; Special Diagnostic Procedures (MRI, MRA, CT, PET, Sleep Studies and Specific Cardiology Studies) - Plan Pays 80%
Lifetime Maximum Benefit	\$5,000,000

### Notes:

1. All out-of-network benefits are subject to AAHPS Allowable Charge Limitations as defined in the Evidence of Coverage.
2. Copay does NOT apply to the Calendar Year Out-of-Pocket.
3. Fixed wing air transport must have Prior Authorization.
4. Calendar Year Visit Limitations are combined for in-network and out-of-network services.